## WAIVER

Date:	Account Number:
l,	, hereby authorize the City of New Haven to
Reinstate / turn o	ff services at:
	City of New Haven or any of its agents responsible if there are any of reinstatement/disconnect of this water service.
I h	ave given my permission for water to be shut off at the house.
I h	ave given my permission to turn water on at my own risk.
Sec	e attached e-mail.
Signature:	Date: